FEDERATION OF
STATE MEDICAL BOARDS

WISCONSIN LEGISLATIVE COUNCIL STUDY COMMITTEE | SEPTEMBER 9, 2026

AI IN MEDICAL PRACTICE

What patients can use today, and how state medical boards are responding.

INTRODUCTION

ABOUT FSMB

1912

FOUNDED

FSMB has supported medical regulation in the U.S. for more than a century.

69

MEMBER BOARDS

The medical and osteopathic boards of every state, D.C., and the territories.

1M+

ACTIVE LICENSED PHYSICIANS

Active U.S. physician licenses, the population our data covers.

We do not license or discipline — our member boards do that. We support their work.

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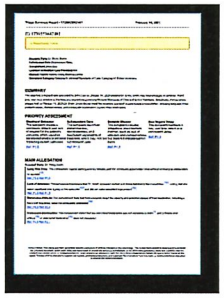
INTRODUCTION

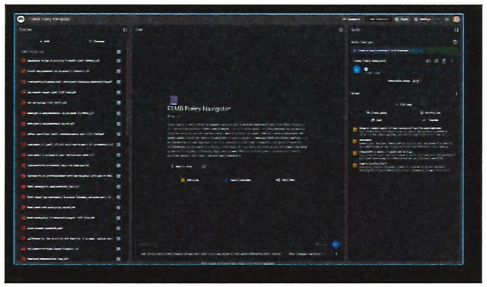
BUILT AT FSMB



COMPLAINT TRIAGE

regulAItor

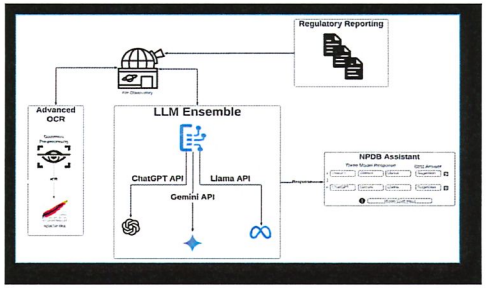
Complaint triage — intake summaries, priority flags, case queue.



POLICY RESEARCH

Policy Navigator

Research assistant grounded in FSMB's own policy library.



BOARD-ORDER DRAFTING

Project Endeavor

NPDB board-order drafting — now in beta with several state boards.

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BEFORE WE START

DISCLOSURES

Not legal advice

Nothing here is legal advice. I am a lawyer, but I am not your lawyer — this is informational only.

My views, not FSMB's

These are my personal views — not the official position of FSMB or any member board.

I used AI to build this

I use AI in my own work, including preparing this deck. Being transparent about that matters — especially in this room.

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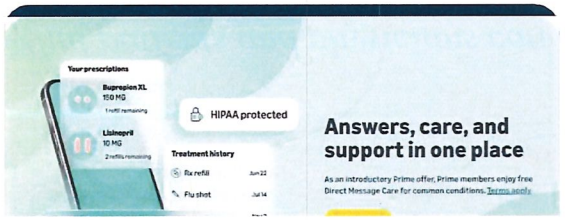
PART 1

WHAT WE'RE SEEING

What patients and physicians can already use — and what happens when a tool gets it wrong.

WHAT WE'RE SEEING

WHAT PATIENTS CAN ALREADY USE

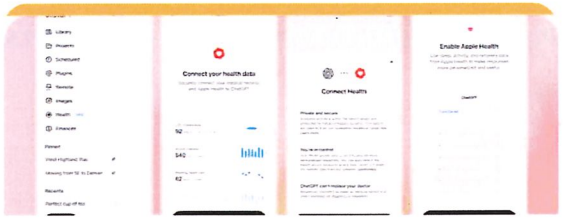


LIVE NOW

Amazon Health AI

An agentic assistant on Amazon.com and in the One Medical app. With consent it reads a patient's records, explains lab results, answers symptom questions, and routes renewal requests to a provider.

aboutamazon.com



LIVE NOW

ChatGPT Health

A consumer platform where patients upload records and imaging and get back what the companies describe as health information rather than medical advice.

openai.com

LIVE NOW · UTAH

Doctronic

Four-dollar renewals for roughly 190 medications, AI-driven — authorized by the state's Office of AI Policy rather than the medical board, and open statewide from day one.

commerce.utah.gov

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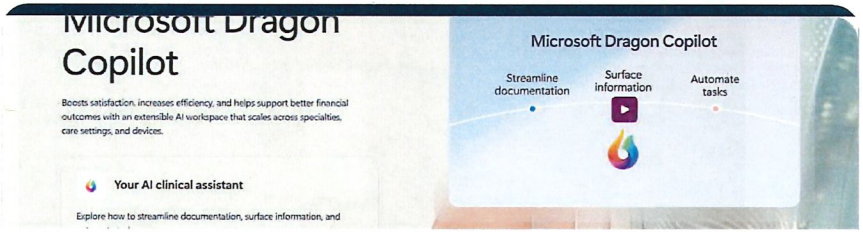
WHAT WE'RE SEEING

WHAT PHYSICIANS CAN ALREADY USE



AMBIENT DOCUMENTATION

Microsoft Dragon Copilot

Listens during the visit and documents the visit. Microsoft folded DAX Copilot and Dragon Medical One into a single platform in March 2025 — Dragon Medical One alone was already used by more than 550,000 physicians.

microsoft.com

CLINICAL DECISION SUPPORT

OpenEvidence

Answers clinical questions against the published literature. Reported daily use by more than 40% of U.S. physicians and 757,000+ verified clinician users; embedded in Mount Sinai's Epic in March 2026.

openevidence.com

WHAT WE'RE SEEING

WHEN A TOOL GETS IT WRONG

Source: ABC News (Australia), 14 August 2026 — abc.net.au

Australia, August 2026

A patient consented to AI transcription at a specialist appointment. The scribe recorded that she micro-dosed psychedelic mushrooms. She never had.

The error traveled

It surfaced in the letter to her own physician, offered as a possible explanation for her symptoms.

Not an isolated case

A watchdog review found a scribe naming the wrong breast in a cancer diagnosis, and epilepsy in a patient who had none.

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WHAT WE'RE SEEING

THE FACE ON THE SCREEN

Everything in this video was generated — including the person in it.

No camera, no studio, no crew

The clip says so itself. It was made for a veterinary board audience — only the script would change.

Wisconsin has legislated synthetic media twice

2023 Act 123 requires a disclosure on AI-generated political ads. 2025 Act 34 makes synthetic intimate images a crime. Each is scoped to its own context.

The AI-GENERATED watermark is disclosure, not a control

It lasts until someone crops, re-encodes, or screen-records the file.

AI-generated video, 28 seconds. Plays automatically when you advance to this slide.

Sources: 2023 Wisconsin Act 123 · 2025 Wisconsin Act 34 — docs.legis.wisconsin.gov

POLICY & PRACTICE

BOTS POSING AS CLINICIANS

PENNSYLVANIA · MAY 2026

Suing chatbots posing as clinicians

The state sued Character.AI to stop companion bots from posing as licensed clinicians — test bots produced fake Pennsylvania license numbers on request.

pa.gov

CALIFORNIA · OCTOBER 2025

Implying licensure is unlawful

AB 489 bars an AI system from using titles or terms that imply it holds a health care license. The violation is the implication itself, across the healing arts.

leginfo.legislature.ca.gov

ILLINOIS · AUGUST 2025

AI may not be the licensee

HB 1806 bars AI from delivering therapy or making the clinical judgment the license exists to guarantee, while leaving administrative use open. Enforced by the state's licensing department.

ilga.gov · Public Act 104-0054

When a tool does what a licensee does — who oversees it?

Sources: pa.gov · leginfo.legislature.ca.gov (AB 489) · ilga.gov (HB 1806)

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PART 2

POLICY & PRACTICE

What states have required so far, and who holds the gate.

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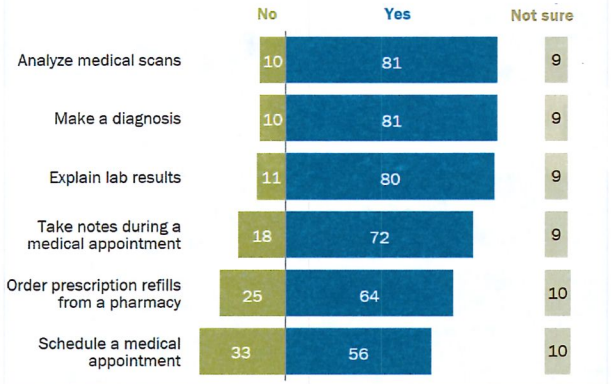
POLICY & PRACTICE

WHAT THE PUBLIC EXPECTS

Majority of Americans say they should be told if AI is being used in their healthcare, even for administrative tasks

% of U.S. adults who say a healthcare provider or their office should tell them if AI is being used in their healthcare to ...



72%

say it is extremely or very important that a provider tells them when AI is used in their care.

53%

feel they have little or no say in whether their provider uses AI in their care.

46%

are not sure whether AI has already been used in their care.

Source: Pew Research Center, American Trends Panel · 3,488 U.S. adults, online and by phone, June 22–28, 2026 · published Aug. 25, 2026 · pewresearch.org

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POLICY & PRACTICE

WHAT REGULATORS ARE REQUIRING

ADOPTED POLICY

FSMB — April 2024

The duty to inform a patient of diagnosis, risks, benefits and alternatives applies in all clinical encounters, including those that use AI.

IN FORCE

California — 2025

AB 3030 requires a disclaimer when generative AI writes a clinical patient communication, plus a route to a human. The state medical board enforces it.

IN FORCE

Texas — January 2026

TRAIGA requires licensed practitioners to give conspicuous written disclosure of AI use in diagnosis or treatment.

The common thread — each of these attaches the duty to a licensed human, not to the tool.

Sources: fsmb.org · leginfo.legislature.ca.gov (AB 3030) · capitol.texas.gov (HB 149)

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POLICY & PRACTICE

SANDBOXES ARE SPREADING

UTAH

The first, and the test case

Utah's AI office — not the medical board — issued the agreement authorizing AI prescription renewals. The board asked the state to suspend it; the state declined.

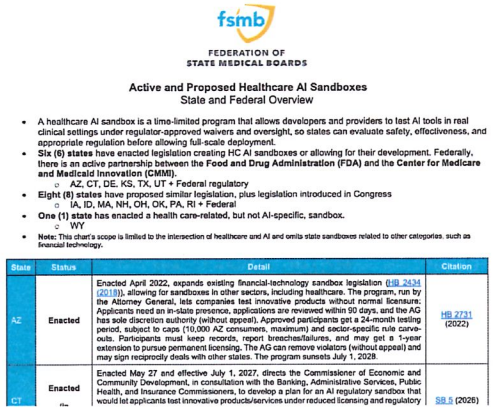
commerce.utah.gov

AS OF AUGUST 2026

Six enacted, eight proposed

Arizona, Connecticut, Delaware, Kansas, Texas and Utah have enacted healthcare AI sandboxes. Eight more states have proposed one, alongside an FDA–CMMI partnership.

FSMB Advocacy



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Active and Proposed Healthcare AI Sandboxes
State and Federal Overview

- A healthcare AI sandbox is a time-limited program that allows developers and providers to test AI tools in real clinical settings under regulator-approved waivers and oversight, so states can evaluate safety, effectiveness, and appropriate regulation before allowing full-scale deployment.
- **Six (6) states** have enacted legislation creating HC AI sandboxes or allowing for their development. Federally, **there is an active partnership between the Food and Drug Administration (FDA) and the Center for Medicare and Medicaid Innovation (CMMI).**
  - AZ, CT, DE, KS, TX, UT + Federal regulatory
- **Eight (8) states** have proposed similar legislation, plus legislation introduced in Congress
  - IA, ID, MA, NH, OH, OK, PA, RI + Federal
- **One (1) state has enacted a health care-related,** but not AI-specific, sandbox.
  - WY
- **Note:** This chart's scope is limited to the intersection of healthcare and AI and omits state sandboxes related to other categories, such as financial technology.

State	Status	Detail	Citation
AZ	Enacted	Enacted April 2022, expands existing financial-technology sandbox legislation (HB 2434 (2018)), allowing for sandboxes in other sectors, including healthcare. The program, run by the Attorney General, lets companies test innovative products without normal licensure. Applicants need an in-state presence, applications are reviewed within 90 days, and the AG has sole discretion authority (without appeal). Approved participants get a 24-month testing period, subject to caps (10,000 AZ consumers, maximum) and sector-specific rule carve-outs. Participants must keep records, report breaches/failures, and may get a 1-year extension to pursue permanent licensing. The AG can remove violators (without appeal) and may sign reciprocity deals with other states. The program sunsets July 1, 2028.	HB 2731 (2022)
CT	Enacted	Enacted May 27 and effective July 1, 2027, directs the Commissioner of Economic and Community Development, in consultation with the Banking, Administrative Services, Public Health, and Insurance Commissioners, to develop a plan for an AI regulatory sandbox that would let applicants test innovative products/services under reduced licensing and regulatory	SB 5 (2026)

FSMB AI Sandbox Legislation chart · updated August 2026

In each of these the question is the same — who is the gatekeeper?

Sources: commerce.utah.gov (agreement) · Utah Medical Licensing Board response (PDF) · fsmb.org — Active and Proposed Healthcare AI Sandboxes (PDF)

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PART 3

FSMB AI WORKGROUP

Where the 2024 policy ends, and the path to April 2027.

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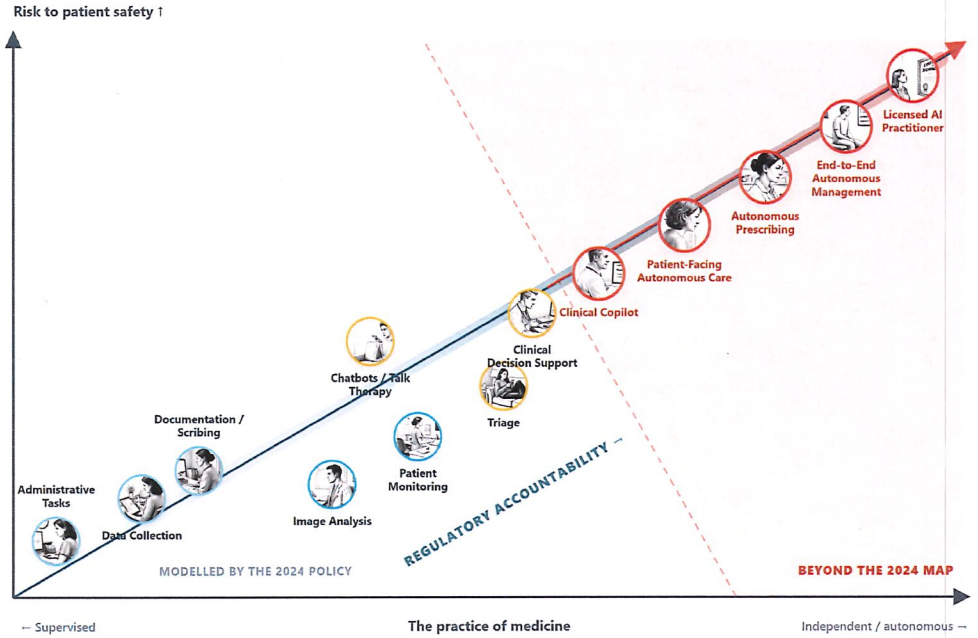
FSMB AI WORKGROUP

WHERE THE 2024 MAP ENDS

- **Written for a support tool** — the 2024 policy addressed AI that a physician consulted, then decided what to do with.
- **Agentic systems changed the object** — tools that act with limited or no direct supervision sit past where that map ends.



Adapted from Fig. 1, FSMB 2024 AI policy — adopted by the FSMB House of Delegates, April 2024

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FSMB AI WORKGROUP

FROM POLICY TO WORKGROUP

- **April 2024:** the House of Delegates adopted FSMB policy on ethical and responsible AI use in clinical practice.
- **Six areas of guidance:** transparency, education, accountability, equity of access, data privacy, and board oversight.
- **Next step:** FSMB has convened an AI Workgroup to turn those recommendations into practical guidance for state boards.

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Policy Brief

AI IN HEALTHCARE: ETHICAL & RESPONSIBLE INTEGRATION

AI in healthcare aids diagnosis, precision treatment, patient outcomes, access, and systemic efficiency but raises ethical concerns about accountability, transparency, equity, and safety. The Federation of State Medical Boards (FSMB) has outlined policy recommendations for responsible AI use by physicians.

Physicians must stay educated on AI's evolving role to balance its potential benefits with risks such as misdiagnosis and dependency. State Medical Boards (SMBs) regulate physicians, not the AI tools. Physicians bear responsibility for harm caused by AI and must ensure tools are used within care standards.

AI can assist with record-keeping, but physicians must verify data accuracy and safeguard patient information. They must also educate patients on AI's role in their care and address potential biases in AI training data, striving to reduce disparities and promote equitable care.

Policy Recommendations

TRANSPARENCY AND DISCLOSURE
SMBs should develop guidelines for disclosing AI use.

EDUCATION AND UNDERSTANDING
FSMB and its partners should develop AI educational resources and policies that promote foundation knowledge and continued competence about artificial intelligence in healthcare.

RESPONSIBLE USE AND ACCOUNTABILITY
Developers and healthcare systems should ensure accessibility to training data, explain use cases to support physicians' knowledge of their use, and permit SMBs to properly oversee physician use of the tools.

EQUITY AND ACCESS
The healthcare community should ensure equitable AI access and understand the impact bias may have on AI tools and the delivery of care.

PRIVACY AND DATA SECURITY
Developers and healthcare systems should ensure data protection.

OVERSIGHT AND REGULATION
SMBs have disciplinary authority over physicians who choose to use AI to deliver care and should develop policies that promote proper use and regulation.

*Disciplinary data provided by state medical boards

Read the full report at FSMB.ORG/AIPOLICY

FSMB AI WORKGROUP

THE PATH TO APRIL 2027

● Virtual meeting ● In-person ● Deliverable

JUN 29, 2026
Virtual
Workgroup Launch

SEP 14, 2026
In-Person · DC
AMA–FSMB Symposium

OCT–NOV 2026
In-Person · 1.5 Days
Working Session

JAN 2027
Virtual
Draft Review

FEB 2027
30-Day Window
Public Comment

MAR 2027
Virtual
Final Revisions

APR 2027
Report Delivery
House of Delegates

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RESOURCES

REFERENCES & LINKS

Scan a QR code to open the resource on your phone — every link is also clickable in this deck.

FSMB AI Policy (April 2024)
fsmb.org/aipolicy

Utah OAIP — Doctronic mitigation agreement
commerce.utah.gov

Utah Medical Licensing Board response
commerce.utah.gov (PDF)

ABC News — AI scribe error (Aug 2026)
abc.net.au

Wisconsin 2023 Act 123 — AI in political ads
docs.legis.wisconsin.gov

Wisconsin 2025 Act 34 — synthetic intimate images
docs.legis.wisconsin.gov

Pennsylvania v. Character.AI (May 2026)
pa.gov

California AB 489 — implying licensure
leginfo.legislature.ca.gov

Illinois HB 1806 — Public Act 104-0054
ilga.gov

California AB 3030 — GenAI disclosure
leginfo.legislature.ca.gov

Texas HB 149 — TRAIGA disclosure
capitol.texas.gov

FSMB — Healthcare AI Sandboxes chart (Aug 2026)
fsmb.org (PDF)

Pew Research — AI transparency in health care (Aug 2026)
pewresearch.org

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QUESTIONS?

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